

**Yosemite National Park  
Incidental Business Permit**

## **INFORMATION FOR APPLICANTS**

Thank you for your interest in obtaining an Incidental Business Permit to operate in Yosemite National Park. Incidental Business Permits are limited authorizations to provide specific services within the boundaries of the park, and are issued by Yosemite NP for one calendar year. The following are the general criteria under which Incidental Business Permits are issued:

The activity authorized must be appropriate to the purposes for which the Park was created, as set forth in its authorizing legislation, without having a negative impact on park resources.

The commercial aspects of the activity (such as marketing, advertising, exchange of money, use or construction of any structures, etc.) must take place outside of the Park.

The services provided must not conflict with the rights provided under any concession contract.

Permittee(s) must comply with all applicable federal, state and local laws related to their business or activity.

### **HOW TO APPLY**

**To apply for an Incidental Business Permit, please submit the following documents:**

- 1. A completed Incidental Business Permit Application (form enclosed).**
- 2. A copy of your current brochures and advertising materials.**
- 3. A copy of your "Acknowledgment of Risk" form, if you provide one to clients.**
- 4. A copy of your tax exempt notice from the IRS, if you are a tax exempt group.**
- 5. A non-refundable application fee of \$50, made payable to "DOI-National Park Service," (DOI-NPS) to cover initial application processing costs.**

**Mail application materials to:**

**Yosemite National Park  
Office of Special Park Uses  
P.O. Box 700  
El Portal, California 95318**

**Additional documents to be submitted at a later date:**

**ONCE YOUR APPLICATION HAS BEEN REVIEWED**, and if the activity is approved, an Incidental Business Permit will be sent to you for your signature. At that time, you will need to provide:

- A current certificate of insurance documenting adequate liability coverage of the types and limits specified as conditions of the permit. A minimum liability coverage of \$300,000 per occurrence will be required. The insurance certificate must specify no right of subrogation against the United States Government, or must name the United States Government, Yosemite National Park as additional insured. The certificate must specify that the service(s) authorized by the permittee are covered by the insurance policy.
- A fee for the administrative and monitoring costs associated with your permit will be required. The costs vary from permit to permit and will be determined by the type of activity and the administration and monitoring required for your permit. Be prepared to pay a minimum of \$350 for these costs. This fee may be waived for Tax Exempt groups. Contact the Office of Special Park Uses at the number below to obtain a more accurate estimate of costs specific to your permit.

**AFTER YOUR PERMIT HAS BEEN FINALIZED** (the required documents have submitted the required items and have received a valid permit signed by the park Superintendent as the approving official), your permit will require a few follow-up documents:

- A more detailed itinerary of your proposed trips -- due before your season of operation begins. (Blank itinerary forms will be sent to you with your permit.)
- An annual report of your gross revenue figures and visitor information, as well as notice of your intent to renew your application for the next calendar year, is due by December 1<sup>st</sup> of the current permit year. A blank annual report form will be mailed from this office prior to the deadline.

## Explanation of Application Questions

1. Self explanatory
2. Self explanatory
3. Tax Exempt must show 501-3c Federal Tax Exemption notification from the IRS, or similar document.
4. Do you now or have you ever had a license or permit to do business within any federal or state land management agency such as the US Forest Service, Bureau of Land Management, National Park Service, State Parks, etc. If so what agency, when was the permit/license issued, how long was the permit good for, what type(s) of services did your permit allow you to conduct, and what names were these permits issued under (i.e., personal name, dba, aka, corporation)?
5. (A) What type of service(s) do you plan to offer within the park?(guided day-hikes, guided backpacking trips, guided fishing, etc.)  
 (B) What months of the year do you plan to operate within the park, i.e., June-August, Feb-April?  
 (C) What areas of the park do you plan to use. What trails, trailheads, routes of travel, campgrounds etc.  
 (D) How many trip per year into the park do you anticipate?  
 (E) What will be the length of your trips, shortest to longest, (i.e. half day to 12 days)?  
 (F) What group size(s) do you plan to bring into the park.  
 (G) Self explanatory.  
 (H) If this information is not available at this time it will need to be sent in once guides are hired. Do the guides have experience in guiding groups, do they have knowledge and experience of the terrain that they will be traveling in, are they at least 18 years old, do they have CPR certification, do they have 1<sup>st</sup> Aid certification, can they manage a sick or injured client or sick or injured stock, can they deal with changing climate condition, etc  
 (I) Do you plan to use motorized pumps, generators or other similar equipment while in the park, outside of an established front county campground?  
 (J) What type of stock animals do you plan to use, horses, mules or llamas?  
 (K) Will you be providing food or preparing meals for you clients?  
 A food safety handlers certificate or Certified Professional Food Manager certificate is required when handling or preparing food for clients. If the clients handle and prepare their own meals this certification is not necessary.  
 (L) Will you use your vehicles to transport clients into or out of the park, or will they use their own vehicles. Transporting clients as part of the business operation requires authorization through the California Public Utilities Commission for California companies or the Dept of Transportation for non-California companies.

# Yosemite National Park Incidental Business Permit

## APPLICATION

Submit completed applications to: **Yosemite National Park**  
**Office of Special Park Uses**  
**P.O. Box 700**  
**El Portal, CA 95318**  
**Phone: (209) 379-1851, FAX (209) 379-1859**

U.S. Federal Tax ID #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Business Name: \_\_\_\_\_ Fax : \_\_\_\_\_

Applicant's  
 Complete Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Web Page: \_\_\_\_\_

(Please note if address & phone numbers are only for winter or summer use. If different information is used for different times of year please show this information at the top of this page or on an attachment.)

*(An explanation of the following application questions can be found on page 5)*

1. As an applicant, are you a(n): ☐ Individual ☐ Corporation ☐ Partnership/Association  
☐ State Government/State Agency (Check One)

2. If you are an individual or partnership, are you also a citizen(s) of the United States? ☐ Yes ☐ No (Check One)

3. Is your company or group acknowledged as a Tax Exempt entity by the IRS? ☐ Yes, ☐ No (Check One)  
 (Please send a copy of your IRS tax exempt notification.)

4. Have you ever provided, or are you currently providing, services under a license/permit issued by a state or federal land management agency? ☐ Yes, ☐ No (Check One)  
 (If "yes", please indicate the agency (agencies), location(s), dates, type of service offered, and all previous names used in these operations: (Attach additional page if needed))

### 5. DESCRIPTION OF THE PROPOSED ACTIVITY (Complete the following. Attach additional pages if needed).

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#### A. Services Offered:

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#### B. Season of Operation (include months):

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#### C. Park Location(s)/Route(s):

IBP Application continued

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**D. Number of trips/sessions:**

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**E. Duration of trip/session:**

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**F. Party size:**

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**G. Safety plan (steps taken to insure the safety of client groups during their park outings, such as safety training, evacuation and emergency procedures, contact points, first-aid equipment, etc. Explain here or attach related excerpts from your operations manual or other written safety plan):**

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**H. Guide list and qualifications: Please identify all guides who will be working under your permit, and describe their qualifications (description of experience, special training, first aid certification, etc.) Notification must be given in writing of any staffing changes during your operating season.**

<u>Guide Name</u> _____	<u>Qualifications</u>
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**I. Will motorized equipment be used?     [ ☐ ] Yes    [ ☐ ] No    If "yes," describe:**

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**J. Will stock animals be used?     [ ☐ ] Yes    [ ☐ ] No    If "yes," describe:**

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**K. Will food be provided?             [ ☐ ] Yes    [ ☐ ] No**

**If "yes," do you have a current food safety handler permit             [ ☐ ] Yes    [ ☐ ] No**

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**L. Will you provide your clients with transportation into and/or out-of o the park?**

**[ ☐ ] Yes    [ ☐ ] No    If "yes," describe:**

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**I HEREBY CERTIFY that I am of legal age and authorized to do business in the state of California and that I have personally examined the information contained in this application and that this information is correct to the best of my knowledge.**

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**Applicant's Signature****(Sign in Ink)**

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**Date**

**Title 18, U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.**